



Project Location: W/SMR-STD
Client: W/SMR
Project Number: _____

DAILY SAFETY INSPECTION REPORT

Inspector name: ALLISON JENNES

Date: 7/10/2012

Supervisor: BRAD DAVIS

SSHO: _____

General Project Activities Description: GROUNDWATER SAMPLING, LOW-FLOW

Safety conditions and/or deficiencies:

Corrective actions to be completed:

Note: Corrective actions are to be completed by the supervisor. The status of corrective actions are to be discussed at the monthly supervisors safety meeting.

Signature: Brad Davis
(Supervisor)

Signature: [Signature]
(Safety Representative)

Project Name: WSMR STP

Project Number: _____

Completed By/Date: ALLISON JENNINGS
7/10/2012Reviewed By/Date: BRAD DAVIS
8/9/2012

Subject	Yes	No	N/A	Comment
Site SSHASP with required signatures(kept w/Site Files)	✓			
Daily Tailgate Conducted (kept w/Site Files)	✓			
Designated First aid Providers Identified	✓			
Required Documentation on Site & Postings	✓			
H&S, EEO	✓			
Emergency information (phone numbers, key personnel, hospital route map)	✓			
RWP (kept w/Site Files)	✓			
Site Access Control				
Visitors briefed prior to being allowed on site(topic list w/ SSHASP)			✓	
Contamination control zones (EZ, CRZ, Support Zone) marked/posted			✓	
Emergency Equipment				
Fire Extinguishers	✓			
Eye wash properly located	✓			
First Aid Kit	✓			
Communications operational (phone, radio, hand signals)	✓			
Assembly point identified	✓			
Exposure monitoring (includes bioassay for both chemical and radiological)				
Monitoring equipment/instruments types (chemical, noise, radiation, etc.)			✓	
Monitoring records including instrument calibrations (factory and field)			✓	
Radiation dosimetry and/or bioassay for new personnel			✓	
Worker notification of monitoring results			✓	
Site Sanitation				
Drinking water/sanitation (break area, toilet facilities, trash)	✓			
Portable toilets adequate			✓	

Subject	Yes	No	N/A	Comment
Hand / Face wash	<input checked="" type="checkbox"/>			
Permits				
Confined spaces entered (competent person) <i>(kept w/Site Files)</i>			<input checked="" type="checkbox"/>	
Hot Work permit <i>(kept w/Site Files)</i>			<input checked="" type="checkbox"/>	
Permits (continued)			<input checked="" type="checkbox"/>	
Excavation safety (competent person) <i>(kept w/Site Files)</i>			<input checked="" type="checkbox"/>	
Underground/overhead utility clearance (form completed) <i>(kept w/Site Files)</i>			<input checked="" type="checkbox"/>	
Specialized Procedures				
Lockout/Tagout			<input checked="" type="checkbox"/>	
Fall protection/ladder safety			<input checked="" type="checkbox"/>	
Noise / Hearing protection available			<input checked="" type="checkbox"/>	
Areas posted or otherwise designated			<input checked="" type="checkbox"/>	
Illumination			<input checked="" type="checkbox"/>	
PPE Designated and in use			<input checked="" type="checkbox"/>	
Equipment Inspections <i>(kept w/Site Files)</i>	<input checked="" type="checkbox"/>			
Decontamination				
Personnel				
Equipment				

Comments: _____

Daily Safety and Health Report

Project Number:

Date: 7/10/2012

Work Areas Checked

Primary Work Area (Base)	✓	First Aid Kits (weekly)	✓
Communications	✓	Eye Wash (weekly)	✓
Emergency Equipment	✓	Excavations	N/A
Vehicles (weekly)	✓	Housekeeping	✓
Heavy Equipment (daily)	N/A	Crew 1	✓
Fire Extinguishers (monthly)	x	Crew 2	N/A

Daily Activities:

GROUNDWATER SAMPLING
Daily Tailgate Meeting (Time)

0900

Weather Conditions:

Time	Temperature (° F)	Wind (mph)	Wind Chill (° F)	Humidity (%)
0900	75°	0-5 MPH	N/A	10%
1200	75°	0-5 MPH	N/A	10%

Equipment Inspections:

E-LINE, SECURE LINE, CONTROL BOX, NITROGEN CYLINDERS
Levels of Protection:
LEVEL D

Accidents/Incidents, Breaches of Procedure:

NONE

Monitoring Results:

NONE

Activities:

GROUNDWATER SAMPLING
COMMENTS:

Personnel on Site:

BRAD DAVIS	7/10/2012
AUSON JENNIS	7/10/2012

Personnel on Site:

Completed By: Allison Jerness Date 7/19/2012



TAILGATE SAFETY MEETING

Project Name/Number: _____ Date: 7 / 10 / 2017 Time: 0900
Client: WSMR Address: _____
Specific Location: STP AREA
Work Activities: GROUND WATER SAMPLING
Hospital Name/Address: McAFEE, BLDG 530, ROCK ISLAND AVENUE
Hospital Phone Number: 678-1138 Ambulance Phone Number: 911

Safety Topics Presented

Chemical Hazards/Used: ACID, PRESERVATIVES
Physical Hazards: LIFTING, UNEVEN TERRAIN
Protective Equipment/Clothing: LEVEL D - GLOVES, GLASSES
Special Equipment: LOW-FLOW BLADDER PUMP, NITROGEN GAS
Other Safety Topic(s): HYDRATION

ATTENDEES

NAME PRINTED

SIGNATURE

BRADLEY DAVIS

ALLISON JENNESS

Bradley Davis
Allison Jenness

Meeting conducted by:

ALLISON JENNESS

Supervisor:

BRAD DAVIS

Manager:

TAILGATE SAFETY MEETING

NAME PRINTED

[illegible]

SIGNATURE

[illegible]



Project Location: _____
Client: _____
Project Number: _____

DAILY SAFETY INSPECTION REPORT

Inspector name: Brad Davis Date: 7-11-12

Supervisor: Brad Davis SSHO: A. Jenness

General Project Activities Description: Groundwater Sampling

Safety conditions and/or deficiencies:

Corrective actions to be completed:

None.

Note: Corrective actions are to be completed by the supervisor. The status of corrective actions are to be discussed at the monthly supervisors safety meeting.

Signature: Brad Davis
(Supervisor)

Signature: A. Jenness
(Safety Representative)

Project Name: WSMR STP

Project Number: _____

Completed By/Date: Brad Davis
7-11-12Reviewed By/Date: Brad Davis
8-3-12

Subject	Yes	No	N/A	Comment
Site SSHASP with required signatures(kept w/Site Files)	✓			
Daily Tailgate Conducted (kept w/Site Files)	✓			
Designated First aid Providers Identified	✓			
Required Documentation on Site & Postings	✓			
H&S, EEO	✓			
Emergency information (phone numbers, key personnel, hospital route map)	✓			
RWP (kept w/Site Files)				
Site Access Control				
Visitors briefed prior to being allowed on site(topic list w/ SSHASP)			X	
Contamination control zones (EZ, CRZ, Support Zone) marked/posted			X	
Emergency Equipment				
Fire Extinguishers	✓			
Eye wash properly located	✓			
First Aid Kit	✓			
Communications operational (phone, radio, hand signals)	✓			
Assembly point identified	✓			
Exposure monitoring (includes bioassay for both chemical and radiological)				
Monitoring equipment/instruments types (chemical, noise, radiation, etc.)			X	
Monitoring records including instrument calibrations (factory and field)			X	
Radiation dosimetry and/or bioassay for new personnel			X	
Worker notification of monitoring results			X	
Site Sanitation				
Drinking water/sanitation (break area, toilet facilities, trash)	✓			
Portable toilets adequate			X	

Subject	Yes	No	N/A	Comment
Hand / Face wash	✓			
Permits				
Confined spaces entered (competent person) <i>(kept w/Site Files)</i>			X	
Hot Work permit <i>(kept w/Site Files)</i>			X	
Permits (continued)			X	
Excavation safety (competent person) <i>(kept w/Site Files)</i>			X	
Underground/overhead utility clearance (form completed) <i>(kept w/Site Files)</i>			X	
Specialized Procedures				
Lockout/Tagout			X	
Fall protection/ladder safety			X	
Noise / Hearing protection available			X	
Areas posted or otherwise designated			X	
Illumination			X	
PPE Designated and in use	✓			
Equipment Inspections <i>(kept w/Site Files)</i>				
Decontamination				
Personnel				
Equipment				

Comments: _____

Daily Safety and Health Report

Project Number:

Date: 7-11-12

Work Areas Checked

Primary Work Area (Base)	✓	First Aid Kits (weekly)	✓
Communications	✓	Eye Wash (weekly)	✓
Emergency Equipment	✓	Excavations	N/A
Vehicles (weekly)	✓	Housekeeping	✓
Heavy Equipment (daily)	N/A	Crew 1	✓
Fire Extinguishers (monthly)	x1 ✓	Crew 2	

Daily Activities: Ground Water Sampling

Daily Tailgate Meeting (Time) 0900

Weather Conditions:

Time	Temperature (° F)	Wind (mph)	Wind Chill (° F)	Humidity (%)
0900	73	0-5	N/A	10%
1000	75	0-5	N/A	10%
1145	80	0-5	N/A	10%

Equipment Inspections: e-line, Nitrogen Cylinders

Levels of Protection: Level D

Accidents/Incidents, Breaches of Procedure: None.

Monitoring Results: None.

Activities: Ground Water Sampling

COMMENTS:

Personnel on Site:

Brad Davis	7-11-12
Allison Jennes	7-11-12

Personnel on Site:

Completed By: Brad Davis Date 7-11-12



TAILGATE SAFETY MEETING

Project Name/Number: _____ Date: 7 / 11 / 12 Time: 0900
Client: WSMR Address: _____
Specific Location: WSMR STP
Work Activities: ground water sampling
Hospital Name/Address: McAfee, Bldg 530, Rock Island Avenue
Hospital Phone Number: 678-1138 Ambulance Phone Number: 911

Safety Topics Presented

Chemical Hazards/Used: Acid preservatives
Physical Hazards: Lifting, uneven terrain
Protective Equipment/Clothing: Level D Gloves - glasses
Special Equipment: Low flow bladder pump
Other Safety Topic(s): Hydration, wildlife.

ATTENDEES

NAME PRINTED

SIGNATURE

Bradley Davis
Allison Jenness

B. Davis
A. Jenness

Meeting conducted by: A. Jenness

Supervisor: B. Davis

Manager: _____

TAILGATE SAFETY MEETING

NAME PRINTED

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper appears to be from a notebook or a set of legal pads. The edges of the paper are slightly irregular, suggesting it might be a scan of a physical document. There is no handwriting or other markings on the page.

SIGNATURE

[illegible]



Project Location: WSMR STP
Client: WSMR
Project Number: _____

DAILY SAFETY INSPECTION REPORT

Inspector name: Brad Davis Date: 7-12-12

Supervisor: Brad Davis SSHO: Allison Jenness

General Project Activities Description: Ground water Sampling

Safety conditions and/or deficiencies:

Corrective actions to be completed:

None.

Note: Corrective actions are to be completed by the supervisor. The status of corrective actions are to be discussed at the monthly supervisors safety meeting.

Signature: Brad Davis
(Supervisor)

Signature: Allison Jenness
(Safety Representative)

Project Name: WSMR STP

Project Number: _____

Completed By/Date: Brad Davis
7-12-12Reviewed By/Date: Brad Davis
8-3-12

Subject	Yes	No	N/A	Comment
Site SSHASP with required signatures(kept w/Site Files)	✓			
Daily Tailgate Conducted (kept w/Site Files)	✓			
Designated First aid Providers Identified	✓			
Required Documentation on Site & Postings	✓			
H&S, EEO	✓			
Emergency information (phone numbers, key personnel, hospital route map)	✓			
RWP (kept w/Site Files)				
Site Access Control				
Visitors briefed prior to being allowed on site(topic list w/ SSHASP)			X	
Contamination control zones (EZ, CRZ, Support Zone) marked/posted			X	
Emergency Equipment				
Fire Extinguishers	✓			
Eye wash properly located	✓			
First Aid Kit	✓			
Communications operational (phone, radio, hand signals)	✓			
Assembly point identified	✓			
Exposure monitoring (includes bioassay for both chemical and radiological)				
Monitoring equipment/instruments types (chemical, noise, radiation, etc.)			X	
Monitoring records including instrument calibrations (factory and field)			X	
Radiation dosimetry and/or bioassay for new personnel			X	
Worker notification of monitoring results			X	
Site Sanitation				
Drinking water/sanitation (break area, toilet facilities, trash)	✓			
Portable toilets adequate			X	

Subject	Yes	No	N/A	Comment
Hand / Face wash	✓			
Permits				
Confined spaces entered (competent person) <i>(kept w/Site Files)</i>			X	
Hot Work permit <i>(kept w/Site Files)</i>			X	
Permits (continued)			X	
Excavation safety (competent person) <i>(kept w/Site Files)</i>			X	
Underground/overhead utility clearance (form completed) <i>(kept w/Site Files)</i>			X	
Specialized Procedures				
Lockout/Tagout			X	
Fall protection/ladder safety			X	
Noise / Hearing protection available			X	
Areas posted or otherwise designated			X	
Illumination			X	
PPE Designated and in use	✓			
Equipment Inspections <i>(kept w/Site Files)</i>				
Decontamination				
Personnel				
Equipment				

Comments: _____

Daily Safety and Health Report

Project Number:

Date: 7-12-12

Work Areas Checked

Primary Work Area (Base)	✓	First Aid Kits (weekly)	✓
Communications	✓	Eye Wash (weekly)	✓
Emergency Equipment	✓	Excavations	N/A
Vehicles (weekly)	✓	Housekeeping	✓
Heavy Equipment (daily)	N/A	Crew 1	✓
Fire Extinguishers (monthly)	x ✓	Crew 2	

Daily Activities: Groundwater Sampling

Daily Tailgate Meeting (Time) 0900

Weather Conditions:

Time	Temperature (° F)	Wind (mph)	Wind Chill (° F)	Humidity (%)
0905	77	0-5	N/A	10%
1035	80	0-5	N/A	10%
1200	82	0-5	N/A	10%

Equipment Inspections: e-line - Nitrogen Cylinders, Secure line

Levels of Protection: Level D

Accidents/Incidents, Breaches of Procedure: None.

Monitoring Results: None

Activities: groundwater sampling

COMMENTS:

Personnel on Site:

Brad Davis	7-12-12
Allison Jenness	7-12-12

Personnel on Site:

Completed By: Brad Davis Date 7-12-12



TAILGATE SAFETY MEETING

Project Name/Number: _____ Date: 7 / 12 / 12 Time: 0900
Client: WSMR Address: _____
Specific Location: STP
Work Activities: ground water sampling
Hospital Name/Address: McAfee, Bldg 530, Rock Island Avenue
Hospital Phone Number: 678-1138 Ambulance Phone Number: 911

Safety Topics Presented

Chemical Hazards/Used: Acid preservatives
Physical Hazards: lifting - uneven terrain
Protective Equipment/Clothing: Level D - gloves - eye protection
Special Equipment: Low flow bladder pump
Other Safety Topic(s): Hydration

ATTENDEES

NAME PRINTED

SIGNATURE

Bradley Davis

Allison Jenness

B. J. Davis
A. J. Jenness

Meeting conducted by:

A. Jenness

Supervisor:

B. Davis

Manager:

TAILGATE SAFETY MEETING

NAME PRINTED

[illegible]

SIGNATURE

[illegible]



Project Location: WSMR STP
Client: WSMR
Project Number: _____

DAILY SAFETY INSPECTION REPORT

Inspector name: Brad Davis

Date: 7-13-12

Supervisor: Brad Davis

SSHO: Allison Jenness

General Project Activities Description: Ground Water Sampling

Safety conditions and/or deficiencies:

Corrective actions to be completed:

None.

Note: Corrective actions are to be completed by the supervisor. The status of corrective actions are to be discussed at the monthly supervisors safety meeting.

Signature: Brad Davis
(Supervisor)

Signature: Allison Jenness
(Safety Representative)

Project Name: WSMR STP

Project Number: _____

Completed By/Date: Brad Davis
7-13-12Reviewed By/Date: B. Davis 8-3-12

Subject	Yes	No	N/A	Comment
Site SSHASP with required signatures(kept w/Site Files)	✓			
Daily Tailgate Conducted (kept w/Site Files)	✓			
Designated First aid Providers Identified	✓			
Required Documentation on Site & Postings	✓			
H&S, EEO	✓			
Emergency information (phone numbers, key personnel, hospital route map)	✓			
RWP (kept w/Site Files)				
Site Access Control				
Visitors briefed prior to being allowed on site(topic list w/ SSHASP)			X	
Contamination control zones (EZ, CRZ, Support Zone) marked/posted			X	
Emergency Equipment				
Fire Extinguishers	✓			
Eye wash properly located	✓			
First Aid Kit	✓			
Communications operational (phone, radio, hand signals)	✓			
Assembly point identified	✓			
Exposure monitoring (includes bioassay for both chemical and radiological)			X	
Monitoring equipment/instruments types (chemical, noise, radiation, etc.)			X	
Monitoring records including instrument calibrations (factory and field)			X	
Radiation dosimetry and/or bioassay for new personnel			X	
Worker notification of monitoring results			X	
Site Sanitation				
Drinking water/sanitation (break area, toilet facilities, trash)	✓			
Portable toilets adequate			X	

Subject	Yes	No	N/A	Comment
Hand / Face wash	✓			
Permits				
Confined spaces entered (competent person) <i>(kept w/Site Files)</i>			X	
Hot Work permit <i>(kept w/Site Files)</i>			X	
Permits (continued)			X	
Excavation safety (competent person) <i>(kept w/Site Files)</i>			X	
Underground/overhead utility clearance (form completed) <i>(kept w/Site Files)</i>			X	
Specialized Procedures				
Lockout/Tagout			X	
Fall protection/ladder safety			X	
Noise / Hearing protection available			X	
Areas posted or otherwise designated				
Illumination			X	
PPE Designated and in use	✓		X	
Equipment Inspections <i>(kept w/Site Files)</i>			X	
Decontamination				
Personnel				
Equipment				

Comments: _____

Daily Safety and Health Report

Project Number:

Date: 7-13-12

Work Areas Checked

Primary Work Area (Base)	✓	First Aid Kits (weekly)	✓
Communications	✓	Eye Wash (weekly)	✓
Emergency Equipment	✓	Excavations	N/A
Vehicles (weekly)	✓	Housekeeping	✓
Heavy Equipment (daily)	✓	Crew 1	✓
Fire Extinguishers (monthly)	x ✓	Crew 2	

Daily Activities: ground water sampling

Daily Tailgate Meeting (Time) 0930

Weather Conditions:

Time	Temperature (° F)	Wind (mph)	Wind Chill (° F)	Humidity (%)
0940	81°F	0-5	N/A	10%
1100	85°F	5-10	N/A	10%
1300	90°F	0-5	N/A	10%

Equipment Inspections: E-line, control box

Levels of Protection: Level D

Accidents/Incidents, Breaches of Procedure: None

Monitoring Results: None

Activities: Ground water sampling

COMMENTS:

Personnel on Site:

B. Davis	7-13-12
A. Jenness	7-13-12

Personnel on Site:

Completed By: Brad Davis Date ~~7~~ 7-13-12



TAILGATE SAFETY MEETING

Project Name/Number: _____ Date: 7 / 13 / 12 Time: 0930
Client: USMR Address: _____
Specific Location: STP Area
Work Activities: Ground Water Sampling
Hospital Name/Address: McAfee, Bldg 530, Rock Island Avenue
Hospital Phone Number: 678-1138 Ambulance Phone Number: 911

Safety Topics Presented

Chemical Hazards/Used: Acid preservatives
Physical Hazards: Lifting, uneven terrain
Protective Equipment/Clothing: Level d - gloves - eye protection
Special Equipment: Low flow bladder pumps
Other Safety Topic(s): - wildlife

ATTENDEES

NAME PRINTED

SIGNATURE

Brad Davis

Allison Jenness

BT-Davis

A. Jenness

Meeting conducted by:

A. Jenness

Supervisor:

B. Davis

Manager:

TAILGATE SAFETY MEETING

NAME PRINTED

[illegible]

SIGNATURE

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.



TAILGATE SAFETY MEETING

Project Name/Number: _____ Date: 7/17/12 Time: 1100
Client: WSMR Address: _____
Specific Location: STP area
Work Activities: groundwater sampling
Hospital Name/Address: McAfee, Bldg 530 Rock Island Avenue
Hospital Phone Number: 678-1138 Ambulance Phone Number: 911

Safety Topics Presented

Chemical Hazards/Used: Acid preservatives
Physical Hazards: Lifting, uneven terrain
Protective Equipment/Clothing: Level d - Gloves - glasses
Special Equipment: Low flow bladder pump - Nitrogen gas
Other Safety Topic(s): Hydration -

ATTENDEES

NAME PRINTED

SIGNATURE

Bradley Davis
Allison Jenness

Bradley Davis
Allison Jenness

Meeting conducted by: A. Jenness

Supervisor: Brad Davis

Manager: _____

TAILGATE SAFETY MEETING

NAME PRINTED

[illegible]

SIGNATURE

[illegible]



Project Location: WSMR STP
Client: WSMR
Project Number: _____

DAILY SAFETY INSPECTION REPORT

Inspector name: Brad Davis

Date: 7-17-12

Supervisor: B. Davis

SSHO: A. Jenness

General Project Activities Description: Ground water Sampling. Low-flow.

Safety conditions and/or deficiencies:

Corrective actions to be completed:

None.

Note: Corrective actions are to be completed by the supervisor. The status of corrective actions are to be discussed at the monthly supervisors safety meeting.

Signature: B. Davis
(Supervisor)

Signature: A. Jenness
(Safety Representative)

Project Name: WSHR STP

Project Number: _____

Completed By/Date: B. Davis
7-17-12Reviewed By/Date: B. Davis - 8-3-12

Subject	Yes	No	N/A	Comment
Site SSHASP with required signatures(kept w/Site Files)	✓			
Daily Tailgate Conducted (kept w/Site Files)	✓			
Designated First aid Providers Identified	✓			
Required Documentation on Site & Postings	✓			
H&S, EEO	✓			
Emergency information (phone numbers, key personnel, hospital route map)	✓			
RWP (kept w/Site Files)				
Site Access Control				
Visitors briefed prior to being allowed on site(topic list w/ SSHASP)			X	N/A
Contamination control zones (EZ, CRZ, Support Zone) marked/posted			X	
Emergency Equipment				
Fire Extinguishers	✓			
Eye wash properly located	✓			
First Aid Kit	✓			
Communications operational (phone, radio, hand signals)	✓			
Assembly point identified	✓			
Exposure monitoring (includes bioassay for both chemical and radiological)			X	
Monitoring equipment/instruments types (chemical, noise, radiation, etc.)			X	
Monitoring records including instrument calibrations (factory and field)			X	
Radiation dosimetry and/or bioassay for new personnel			X	
Worker notification of monitoring results			X	
Site Sanitation				
Drinking water/sanitation (break area, toilet facilities, trash)	✓			
Portable toilets adequate			X	

Subject	Yes	No	N/A	Comment
Hand / Face wash	✓			
Permits				
Confined spaces entered (competent person) <i>(kept w/Site Files)</i>			X	
Hot Work permit <i>(kept w/Site Files)</i>			X	
Permits (continued)			X	
Excavation safety (competent person) <i>(kept w/Site Files)</i>			X	
Underground/overhead utility clearance (form completed) <i>(kept w/Site Files)</i>			X	
Specialized Procedures				
Lockout/Tagout			X	
Fall protection/ladder safety			X	
Noise / Hearing protection available			X	
Areas posted or otherwise designated			X	
Illumination			X	
PPE Designated and in use	✓			
Equipment Inspections <i>(kept w/Site Files)</i>				
Decontamination				
Personnel				
Equipment				

Comments: _____

Daily Safety and Health Report

Project Number:

Date: 7-17-12

Work Areas Checked

Primary Work Area (Base)	✓	First Aid Kits (weekly)	✓
Communications	✓	Eye Wash (weekly)	✓
Emergency Equipment	✓	Excavations	N/A
Vehicles (weekly)	✓	Housekeeping	✓
Heavy Equipment (daily)	N/A	Crew 1	✓
Fire Extinguishers (monthly)	x ✓	Crew 2	

Daily Activities: Ground Water Sampling

Daily Tailgate Meeting (Time) 1100

Weather Conditions:

Time	Temperature (° F)	Wind (mph)	Wind Chill (° F)	Humidity (%)
1105	84	0-5 mph	N/A	10%

Equipment Inspections: E-line, secure line, control box, Nitrogen Cylinders.

Levels of Protection: Level D

Accidents/Incidents, Breaches of Procedure: None

Monitoring Results: None

Activities: Ground water Sampling

COMMENTS:

Personnel on Site:

Brad Davis	7-17-12
Allison Jenness	7-17-12

Personnel on Site:

Completed By: Brad Davis Date 7-17-12

Daily Safety and Health Report

Project Number: *WSMR-STP*

Date: *7/18/2012*

Work Areas Checked

Primary Work Area (Base)	<i>X</i>	First Aid Kits (weekly)	<i>X</i>
Communications	<i>X</i>	Eye Wash (weekly)	<i>X</i>
Emergency Equipment	<i>X</i>	Excavations	<i>X</i>
Vehicles (weekly)	<i>X</i>	Housekeeping	<i>X</i>
Heavy Equipment (daily)	<i>X</i>	Crew 1	
Fire Extinguishers (monthly)	<i>x</i>	Crew 2	

Daily Activities:

GROUNDWATER WELL MONITORING
Daily Tailgate Meeting (Time)

N/A - ONLY ONE PERSON ON SITE

Weather Conditions:

Time	Temperature (° F)	Wind (mph)	Wind Chill (° F)	Humidity (%)
<i>1130</i>	<i>83</i>	<i>0-5 mph clear</i>	<i>/</i>	<i>10%</i>
<i>1420</i>	<i>91</i>	<i>0-5 mph</i>	<i>/</i>	<i>10%</i>
<i>1510</i>	<i>95</i>	<i>0-5 mph</i>		<i>10%</i>

Equipment Inspections: *E-line - Secure line, Control box, bladder*

Levels of Protection: *Level D*

Accidents/Incidents, Breaches of Procedure: *None.*

Monitoring Results: *None*

Activities: *Ground water sampling*

COMMENTS:

Personnel on Site:

<i>Brad Davis</i>	<i>7-18-12</i>

Personnel on Site:

Completed By: Brad Davis Date 7-18-12



TAILGATE SAFETY MEETING

Project Name/Number: WBMR-STP Date: 7/18/2012 Time: N/A

Client: WSMR Address: _____

Specific Location: _____

Work Activities: _____

Hospital Name/Address: _____

Hospital Phone Number: _____ Ambulance Phone Number: _____

Safety Topics Presented

Chemical Hazards/Used: _____

Physical Hazards: _____

Protective Equipment/Clothing: _____

Special Equipment: _____

Other Safety Topic(s): _____

ATTENDEES

NAME PRINTED

SIGNATURE

N/A

Meeting conducted by: _____

Supervisor: N/A

Manager: _____

TAILGATE SAFETY MEETING

NAME PRINTED

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

SIGNATURE

[illegible]



Project Location: WSMR-STP
Client: ZIA-SHAW-WSMR
Project Number: _____

DAILY SAFETY INSPECTION REPORT

Inspector name: BRAD DAVIS

Date: 7-18-2012

Supervisor: BRAD DAVIS

SSHO: BRAD DAVIS

General Project Activities Description: GROUND WATER MONITORING AT STP

Safety conditions and/or deficiencies:

Corrective actions to be completed:

None.

Note: Corrective actions are to be completed by the supervisor. The status of corrective actions are to be discussed at the monthly supervisors safety meeting.

Signature: Brad Davis
(Supervisor)

Signature: _____
(Safety Representative)

Project Name: WSMR-STP

Project Number: _____

Completed By/Date: BRAD DAVIS 7-18-12 Reviewed By/Date: B. Davis 8-3-12

Subject	Yes	No	N/A	Comment
Site SSHASP with required signatures(kept w/Site Files)	X			
Daily Tailgate Conducted (kept w/Site Files)	X			
Designated First aid Providers Identified	X			
Required Documentation on Site & Postings	X			
H&S, EEO	X			
Emergency information (phone numbers, key personnel, hospital route map)	X			
RWP (kept w/Site Files)	X			
Site Access Control				
Visitors briefed prior to being allowed on site(topic list w/ SSHASP)			X	
Contamination control zones (EZ, CRZ, Support Zone) marked/posted			X	
Emergency Equipment				
Fire Extinguishers	X			
Eye wash properly located	X			
First Aid Kit	X			
Communications operational (phone, radio, hand signals)	X			
Assembly point identified	X			
Exposure monitoring (includes bioassay for both chemical and radiological)				
Monitoring equipment/instruments types (chemical, noise, radiation, etc.)			X	
Monitoring records including instrument calibrations (factory and field)			X	
Radiation dosimetry and/or bioassay for new personnel			X	
Worker notification of monitoring results			X	
Site Sanitation			X	
Drinking water/sanitation (break area, toilet facilities, trash)	X			
Portable toilets adequate			X	

Subject	Yes	No	N/A	Comment
Hand / Face wash	X			
Permits		Ø		
Confined spaces entered (competent person) <i>(kept w/Site Files)</i>		Ø	X	
Hot Work permit <i>(kept w/Site Files)</i>			X	
Permits (continued)				
Excavation safety (competent person) <i>(kept w/Site Files)</i>			X	
Underground/overhead utility clearance (form completed) <i>(kept w/Site Files)</i>			X	
Specialized Procedures				
Lockout/Tagout			X	
Fall protection/ladder safety			X	
Noise / Hearing protection available			X	
Areas posted or otherwise designated			X	
Illumination	X			
PPE Designated and in use	X			
Equipment Inspections <i>(kept w/Site Files)</i>	X			
Decontamination				
Personnel				
Equipment				

Comments: _____



TAILGATE SAFETY MEETING

Project Name/Number: WSMR-STP Date: 7/19/2012 Time: 0930
Client: WSMR Address: 755 S TULSA, LAS CRUCES, NM
Specific Location: WSMR-STP
Work Activities: CROWD WATER WELL MONITORING
Hospital Name/Address: McAFEE, BLDG 530, ROCK ISLAND AVE, WSMR, NM
Hospital Phone Number: 678-1138 Ambulance Phone Number: 911

Safety Topics Presented

Chemical Hazards/Used: PRESERVATIVES, HNO₃, HCl, H₂SO₄, NaOH
Physical Hazards: LIFTING, UNEVEN TERRAIN
Protective Equipment/Clothing: LEVEL D - WITH GLOVES AND SAFETY GLASSES
Special Equipment: PNEUMATIC SAMPLING EQUIPMENT
Other Safety Topic(s): HYDRATION, WILDLIFE

ATTENDEES

NAME PRINTED

SIGNATURE

BRAD DAVIS

ALLISON JENNESS

Brad Davis

Allison Jenness

Meeting conducted by:

ALLISON JENNESS

Supervisor:

BRAD DAVIS

Manager:

TAILGATE SAFETY MEETING

NAME PRINTED

[illegible]

SIGNATURE

[illegible]



Project Location: WSMR-STP
Client: ZIA-SHAW/WSMR
Project Number: _____

DAILY SAFETY INSPECTION REPORT

Inspector name: ALLISON JENNESS

Date: 7/19/2012

Supervisor: BRADLEY DAVIS

SSHO: ALLISON JENNESS

General Project Activities Description: GROUNDWATER SAMPLING AT STP

Safety conditions and/or deficiencies:

Corrective actions to be completed:

None.

Note: Corrective actions are to be completed by the supervisor. The status of corrective actions are to be discussed at the monthly supervisors safety meeting.

Signature: Bradley Davis
(Supervisor)

Signature: Allison Jenness
(Safety Representative)

Project Name: WSMR-STP

Project Number: _____

Completed By/Date: ALLISON JENNESS 7-19-2012 Reviewed By/Date: BRAD DAVIS 7-19-2012

Subject	Yes	No	N/A	Comment
Site SSHASP with required signatures(kept w/Site Files)	✓			
Daily Tailgate Conducted (kept w/Site Files)	✓			
Designated First aid Providers Identified	✓			
Required Documentation on Site & Postings				
H&S, EEO	✓			
Emergency information (phone numbers, key personnel, hospital route map)	✓			
RWP (kept w/Site Files)	✓			
Site Access Control				
Visitors briefed prior to being allowed on site(topic list w/ SSHASP)			✓	
Contamination control zones (EZ, CRZ, Support Zone) marked/posted			✓	
Emergency Equipment				
Fire Extinguishers	✓			
Eye wash properly located	✓			
First Aid Kit	✓			
Communications operational (phone, radio, hand signals)	✓			
Assembly point identified	✓			
Exposure monitoring (includes bioassay for both chemical and radiological)				
Monitoring equipment/instruments types (chemical, noise, radiation, etc.)			✓	
Monitoring records including instrument calibrations (factory and field)			✓	
Radiation dosimetry and/or bioassay for new personnel			✓	
Worker notification of monitoring results			✓	
Site Sanitation				
Drinking water/sanitation (break area, toilet facilities, trash)	✓			
Portable toilets adequate			✓	

Subject	Yes	No	N/A	Comment
Hand / Face wash	✓			
Permits				
Confined spaces entered (competent person) <i>(kept w/Site Files)</i>			✓	
Hot Work permit <i>(kept w/Site Files)</i>			✓	
Permits (continued)				
Excavation safety (competent person) <i>(kept w/Site Files)</i>			✓	
Underground/overhead utility clearance (form completed) <i>(kept w/Site Files)</i>			✓	
Specialized Procedures				
Lockout/Tagout			✓	
Fall protection/ladder safety			✓	
Noise / Hearing protection available			✓	
Areas posted or otherwise designated			✓	
Illumination	✓			
PPE Designated and in use	✓			
Equipment Inspections <i>(kept w/Site Files)</i>	✓			
Decontamination				
Personnel				
Equipment				

Comments: _____

Daily Safety and Health Report

Project Number: WSMR-STP

Date: 7/19/2012

Work Areas Checked

Primary Work Area (Base)	X	First Aid Kits (weekly)	X
Communications	X	Eye Wash (weekly)	X
Emergency Equipment	X	Excavations	X
Vehicles (weekly)	X	Housekeeping	X
Heavy Equipment (daily)		Crew 1	
Fire Extinguishers (monthly)	x	Crew 2	

Daily Activities:

GROUNDWATER WELL MONITORING
Daily Tailgate Meeting (Time)

0930

Weather Conditions:

Time	Temperature (° F)	Wind (mph)	Wind Chill (° F)	Humidity (%)
<u>1000</u>	<u>79°</u>	<u>0-5MPH</u>	<u>—</u>	<u>0-10%</u>
<u>1200</u>	<u>88°</u>	<u>0-5MPH</u>	<u>—</u>	<u>0-10%</u>
<u>1500</u>	<u>92°</u>	<u>0-5MPH</u>	<u>—</u>	<u>0-10%</u>

Equipment Inspections: E-LINE, DRAWDOWN METER, SECURE LINE, CONTROL BOXES, BLADDERS, PUMPS, COMPRESSED NITROGEN GAS, WATER QUALITY METER

Levels of Protection:

LEVEL D - GLOVES & SAFETY GLASSES
Accidents/Incidents, Breaches of Procedure:

Monitoring Results:

GROUNDWATER MONITORING
Activities:

COMMENTS:

Personnel on Site:

<u>BRAD DAVIS</u>	<u>7/19/2012</u>
<u>ALLISON SEWESS</u>	<u>7/19/2012</u>

Personnel on Site:

Completed By: AULSON JENNESS Date 7/19/2012



Project Location: WSMR-STP
Client: ZIA/SHAW-WSMR
Project Number: _____

DAILY SAFETY INSPECTION REPORT

Inspector name: ALLISON JENNESS

Date: 7/20/2012

Supervisor: BRADLEY DAVIS

SSHO: ALLISON JENNESS

General Project Activities Description: GROUNDWATER SAMPLING AT STP

Safety conditions and/or deficiencies:

Corrective actions to be completed:

Note: Corrective actions are to be completed by the supervisor. The status of corrective actions are to be discussed at the monthly supervisors safety meeting.

Signature: 
(Supervisor)

Signature: 
(Safety Representative)

Project Name: WSMR - STP

Project Number: _____

Completed By/Date: ALLISON JENNINGS 7/24/2012

Reviewed By/Date: BRAD DAVIS 7/24/2012

Subject	Yes	No	N/A	Comment
Site SSHASP with required signatures(kept w/Site Files)	✓			
Daily Tailgate Conducted (kept w/Site Files)	✓			
Designated First aid Providers Identified	✓			
Required Documentation on Site & Postings				
H&S, EEO	✓			
Emergency information (phone numbers, key personnel, hospital route map)	✓			
RWP (kept w/Site Files)	✓			
Site Access Control				
Visitors briefed prior to being allowed on site(topic list w/ SSHASP)			✓	
Contamination control zones (EZ, CRZ, Support Zone) marked/posted			✓	
Emergency Equipment				
Fire Extinguishers	✓			
Eye wash properly located	✓			
First Aid Kit	✓			
Communications operational (phone, radio, hand signals)	✓			
Assembly point identified	✓			
Exposure monitoring (includes bioassay for both chemical and radiological)				
Monitoring equipment/instruments types (chemical, noise, radiation, etc.)			✓	
Monitoring records including instrument calibrations (factory and field)			✓	
Radiation dosimetry and/or bioassay for new personnel			✓	
Worker notification of monitoring results				
Site Sanitation				
Drinking water/sanitation (break area, toilet facilities, trash)	✓			
Portable toilets adequate			✓	

Subject	Yes	No	N/A	Comment
Hand / Face wash	✓			
Permits				
Confined spaces entered (competent person) <i>(kept w/Site Files)</i>			✓	
Hot Work permit <i>(kept w/Site Files)</i>			✓	
Permits (continued)				
Excavation safety (competent person) <i>(kept w/Site Files)</i>				
Underground/overhead utility clearance (form completed) <i>(kept w/Site Files)</i>			✓	
Specialized Procedures			✓	
Lockout/Tagout			✓	
Fall protection/ladder safety			✓	
Noise / Hearing protection available			✓	
Areas posted or otherwise designated			✓	
Illumination	✓			
PPE Designated and in use	✓			
Equipment Inspections <i>(kept w/Site Files)</i>	✓			
Decontamination				
Personnel				
Equipment				

Comments: _____

Daily Safety and Health Report

Project Number: WSMR-STP

Date: 7/20/2012

Work Areas Checked

Primary Work Area (Base)	x	First Aid Kits (weekly)	x
Communications	x	Eye Wash (weekly)	x
Emergency Equipment	x	Excavations	x
Vehicles (weekly)	x	Housekeeping	x
Heavy Equipment (daily)		Crew 1	
Fire Extinguishers (monthly)	x	Crew 2	

Daily Activities:

GROUND WATER WELL MONITORING

Daily Tailgate Meeting (Time)

1030

Weather Conditions:

Time	Temperature (° F)	Wind (mph)	Wind Chill (° F)	Humidity (%)
<u>1100</u>	<u>87°</u>	<u>0-5 MPH</u>	<u>—</u>	<u>0-10%</u>
<u>1330</u>	<u>90°</u>	<u>0-5</u>	<u>—</u>	<u>0-10</u>

Equipment Inspections: E-LINE, DRAW DOWN METER, SECURE LINE, CONTROL BOXES, BLADDER, PUMPS, COMPRESSED NITROGEN GAS, WATER QUALITY METER

Levels of Protection:

LEVEL D GLOVES & SAFETY GLASSES

Accidents/Incidents, Breaches of Procedure:

Monitoring Results:

Activities:

GROUND WATER MONITORING

COMMENTS:

Personnel on Site:

<u>BRAD DAVIS</u>	<u>7/20/2012</u>
<u>AUSTIN JENNINGS</u>	<u>7/20/2012</u>

Personnel on Site:

Completed By: ALLISON JENNESS Date 7/20/2012



TAILGATE SAFETY MEETING

Project Name/Number: WSMR-STP Date: 7 / 20 / 2012 Time: 1030
Client: WSMR Address: 755 S. TOLSON, LAS CRUCES
Specific Location: WSMR-STP
Work Activities: GROUNDWATER WELL MONITORING
Hospital Name/Address: McAFEE BLDG 530, ROCK ISLAND AVE, WSMR, NM
Hospital Phone Number: 505-78-1133 Ambulance Phone Number: 911

Safety Topics Presented

Chemical Hazards/Used: PRESERVATIVES, HNO₃, HCl, H₂SO₄, NaOH
Physical Hazards: LIFTING, UNEVEN TERRAIN
Protective Equipment/Clothing: LEVEL D - WITH GLOVES AND SAFETY GLASSES
Special Equipment: PNEUMATIC SAMPLING EQUIPMENT
Other Safety Topic(s): HYDRATION, WILDLIFE

ATTENDEES

NAME PRINTED

SIGNATURE

BRAD DAVIS

ALLISON JENNESS

Brad Davis
Allison Jenness

Meeting conducted by:

ALLISON JENNESS

Supervisor:

BRAD DAVIS

Manager:

TAILGATE SAFETY MEETING

NAME PRINTED

[illegible]

SIGNATURE

[illegible]



Project Location: WSMT-STD
Client: ZIA/SHAW-WSMTZ
Project Number: _____

DAILY SAFETY INSPECTION REPORT

Inspector name: ALISON JENNESS

Date: 7/23/2012

Supervisor: BRADLEY DAVIS

SSHO: ALISON JENNESS

General Project Activities Description: GROUNDWATER SAMPLING AT STD

Safety conditions and/or deficiencies:

Corrective actions to be completed:

None

Note: Corrective actions are to be completed by the supervisor. The status of corrective actions are to be discussed at the monthly supervisors safety meeting.

Signature: Bradley Davis
(Supervisor)

Signature: Alison Jenness
(Safety Representative)

Project Name: WSMR-STD

Project Number: _____

Completed By/Date: ALLISON JENNESS / 7/23/2012 Reviewed By/Date: BRADLEY DAVIS / 7/23/2012

Subject	Yes	No	N/A	Comment
Site SSHASP with required signatures(kept w/Site Files)	✓			
Daily Tailgate Conducted (kept w/Site Files)	✓			
Designated First aid Providers Identified	✓			
Required Documentation on Site & Postings				
H&S, EEO	✓			
Emergency information (phone numbers, key personnel, hospital route map)	✓			
RWP (kept w/Site Files)	✓			
Site Access Control				
Visitors briefed prior to being allowed on site(topic list w/ SSHASP)			✓	
Contamination control zones (EZ, CRZ, Support Zone) marked/posted			✓	
Emergency Equipment				
Fire Extinguishers	✓			
Eye wash properly located	✓			
First Aid Kit	✓			
Communications operational (phone, radio, hand signals)	✓			
Assembly point identified	✓			
Exposure monitoring (includes bioassay for both chemical and radiological)				
Monitoring equipment/instruments types (chemical, noise, radiation, etc.)			✓	✓
Monitoring records including instrument calibrations (factory and field)			✓	✓
Radiation dosimetry and/or bioassay for new personnel			✓	✓
Worker notification of monitoring results			✓	✓
Site Sanitation				
Drinking water/sanitation (break area, toilet facilities, trash)	✓			
Portable toilets adequate			✓	✓

Subject	Yes	No	N/A	Comment
Hand / Face wash	✓			
Permits				
Confined spaces entered (competent person) <i>(kept w/Site Files)</i>			✓	
Hot Work permit <i>(kept w/Site Files)</i>			✓	
Permits (continued)				
Excavation safety (competent person) <i>(kept w/Site Files)</i>			✓	
Underground/overhead utility clearance (form completed) <i>(kept w/Site Files)</i>			✓	
Specialized Procedures				
Lockout/Tagout			✓	
Fall protection/ladder safety			✓	
Noise / Hearing protection available	✓			
Areas posted or otherwise designated			✓	
Illumination	✓			
PPE Designated and in use	✓			
Equipment Inspections <i>(kept w/Site Files)</i>	✓			
Decontamination				
Personnel				
Equipment				

Comments: _____

Daily Safety and Health Report

Project Number: W6M2-STD

Date: 7/23/2012

Work Areas Checked

Primary Work Area (Base)	X	First Aid Kits (weekly)	X
Communications	X	Eye Wash (weekly)	X
Emergency Equipment	X	Excavations	X
Vehicles (weekly)	X	Housekeeping	X
Heavy Equipment (daily)		Crew 1	
Fire Extinguishers (monthly)	x	Crew 2	

Daily Activities:

Daily Tailgate Meeting (Time)

0930

Weather Conditions:

Time	Temperature (° F)	Wind (mph)	Wind Chill (° F)	Humidity (%)
<u>0930</u>	<u>81°</u>	<u>0-5</u>	<u>0</u>	<u>0-10%</u>
<u>1100</u>	<u>90°</u>	<u>0-5</u>	<u>0</u>	<u>0-10%</u>
<u>1530</u>	<u>93°</u>	<u>0-5</u>	<u>0</u>	<u>0-10%</u>

Equipment Inspections: E-LINE, DRAW DOWN METER, SECURCLINE, CONTROL BOXES, BLADDERS, PUMPS, COMPRESSED NITROGEN GAS, WATER QUALITY METER

Levels of Protection:

LEVEL D - GLOVES & SAFETY GLASSES

Accidents/Incidents, Breaches of Procedure:

Monitoring Results:

GRO

Activities:

GROUNDWATER MONITORING

COMMENTS:

Personnel on Site:

<u>BRAD DAVIS</u>	<u>7/23/2012</u>
<u>ALLISON JENKINS</u>	<u>7/23/2012</u>

Personnel on Site:

Completed By: ALLISON JENNESS Date 7/23/2022



TAILGATE SAFETY MEETING

Project Name/Number: WSMR-STP Date: 7/23/2012 Time: 0930
Client: WSMR Address: 755 S TELSHOR, LAS CRUCES
Specific Location: WSMR-STP
Work Activities: GROUNDWATER WELL MONITORING
Hospital Name/Address: McAfee, Bldg 530, Rock Island Ave, WSMR, NM
Hospital Phone Number: 678-1138 Ambulance Phone Number: 911

Safety Topics Presented

Chemical Hazards/Used: PRESERVATIVES, HNO₃, HCl, H₂SO₄, NaOH
Physical Hazards: LIFTING, UNEVEN TERRAIN
Protective Equipment/Clothing: LEVEL D WITH GLOVES & SAFETY GLASSES
Special Equipment: PNEUMATIC SAMPLING EQUIPMENT
Other Safety Topic(s): HYDRATION, WILDLIFE

ATTENDEES

NAME PRINTED

SIGNATURE

BRAD DAVIS
ALLISON JENNESS

Brad Davis
Allison Jenness

Meeting conducted by:

ALLISON JENNESS

Supervisor:

BRAD DAVIS

Manager:

TAILGATE SAFETY MEETING

NAME PRINTED

[illegible]

SIGNATURE

[illegible]



Project Location: WSMR-STP
Client: ZIA/SHAW - WSMR
Project Number: _____

DAILY SAFETY INSPECTION REPORT

Inspector name: ALLISON JENNESS

Date: 7/24/2012

Supervisor: BRADLEY DAVIS

SSHO: ALLISON JENNESS

General Project Activities Description: GROUNDWATER SAMPLING AT STP

Safety conditions and/or deficiencies:

Corrective actions to be completed:

None

Note: Corrective actions are to be completed by the supervisor. The status of corrective actions are to be discussed at the monthly supervisors safety meeting.

Signature: Bradley Davis
(Supervisor)

Signature: Allison Jenness
(Safety Representative)

Project Name: WSMC-STP

Project Number: _____

Completed By/Date: ALISON JENNESS / 7/24/2012Reviewed By/Date: BRAD DAVIS 7/24/2012

Subject	Yes	No	N/A	Comment
Site SSHASP with required signatures(<i>kept w/Site Files</i>)	✓			
Daily Tailgate Conducted (<i>kept w/Site Files</i>)	✓			
Designated First aid Providers Identified	✓			
Required Documentation on Site & Postings	✓			
H&S, EEO				
Emergency information (phone numbers, key personnel, hospital route map)	✓			
RWP (<i>kept w/Site Files</i>)	✓			
Site Access Control				
Visitors briefed prior to being allowed on site(<i>topic list w/ SSHASP</i>)			✓	
Contamination control zones (EZ, CRZ, Support Zone) marked/posted			✓	
Emergency Equipment				
Fire Extinguishers	✓			
Eye wash properly located	✓			
First Aid Kit	✓			
Communications operational (phone, radio, hand signals)	✓			
Assembly point identified	✓			
Exposure monitoring (includes bioassay for both chemical and radiological)				
Monitoring equipment/instruments types (chemical, noise, radiation, etc.)			✓	
Monitoring records including instrument calibrations (factory and field)			✓	
Radiation dosimetry and/or bioassay for new personnel			✓	
Worker notification of monitoring results			✓	
Site Sanitation				
Drinking water/sanitation (break area, toilet facilities, trash)	✓			
Portable toilets adequate			✓	

Subject	Yes	No	N/A	Comment
Hand / Face wash	✓			
Permits				
Confined spaces entered (competent person) <i>(kept w/Site Files)</i>			✓	
Hot Work permit <i>(kept w/Site Files)</i>			✓	
Permits (continued)				
Excavation safety (competent person) <i>(kept w/Site Files)</i>			✓	
Underground/overhead utility clearance (form completed) <i>(kept w/Site Files)</i>			✓	
Specialized Procedures				
Lockout/Tagout			✓	
Fall protection/ladder safety			✓	
Noise / Hearing protection available			✓	
Areas posted or otherwise designated			✓	
Illumination			✓	
PPE Designated and in use	✓			
Equipment Inspections <i>(kept w/Site Files)</i>	✓			
Decontamination				
Personnel				
Equipment				

Comments: _____

Daily Safety and Health Report

Project Number: WSMR- STP

Date: 7/24/2012

Work Areas Checked

Primary Work Area (Base)	X	First Aid Kits (weekly)	X
Communications	X	Eye Wash (weekly)	X
Emergency Equipment	X	Excavations	X
Vehicles (weekly)	X	Housekeeping	X
Heavy Equipment (daily)		Crew 1	
Fire Extinguishers (monthly)	x	Crew 2	

Daily Activities:

GROUNDWATER WELL SAMPLING
Daily Tailgate Meeting (Time)

0900

Weather Conditions:

Time	Temperature (° F)	Wind (mph)	Wind Chill (° F)	Humidity (%)
0930	88°	0-5	0	0-10%
1200	90°	0-5	0	0-10%

Equipment Inspections: E- LINE, DRAWDOWN METER, SECURELINE, CONTROL BOXES, BLADDERS, PUMPS, COMPRESSED NITROGEN GAS, WATER QUALITY METER

Levels of Protection:

LEVEL D - GLOVES & SAFETY GLASSES

Accidents/Incidents, Breaches of Procedure:

Monitoring Results:

Activities:

GROUNDWATER MONITORING

COMMENTS:

Personnel on Site:

BRAD DAVIS	7/24/2012
ALLISON JENNESS	7/24/2012

Personnel on Site:

BRAD DAVIS	
ALLISON JENNESS	

Completed By: ALLISON JENNESS Date 7/24/2012



TAILGATE SAFETY MEETING

Project Name/Number: WSMR STP Date: 7/24/2012 Time: 0900
Client: WSMR Address: 755 S TELSTAR, LAS CRUCES
Specific Location: STP
Work Activities: GROUND WATER WELL SAMPLING
Hospital Name/Address: McAfee, Bldg 530, Rock Island Ave, WSMR, NM
Hospital Phone Number: 505-78-1138 Ambulance Phone Number: 911

Safety Topics Presented

Chemical Hazards/Used: PRESERVATIVES, HNO₃, HCl, H₂SO₄, NaOH
Physical Hazards: LIFTING, UNEVEN TERRAIN
Protective Equipment/Clothing: LEVEL D w/ GLOVES + SAFETY GLASSES
Special Equipment: PNEUMATIC SAMPLING EQUIPMENT
Other Safety Topic(s): HYDRATION, WILDLIFE

ATTENDEES

NAME PRINTED

SIGNATURE

BRAD DAVIS

ALLISON JENNESS

Brad Davis
Allison Jenness

Meeting conducted by:

ALLISON JENNESS

Supervisor:

BRAD DAVIS

Manager:

TAILGATE SAFETY MEETING

NAME PRINTED

[illegible]

SIGNATURE

[illegible]